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PATENT

PEDOCKET NO.: PRES06-00147

TOMER NO.: 23990

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Te application of

RONALD A. SCHACHAR

Application No.

09/589,626

Filed

June 7, 2000

For

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SCLERAL PROSTHESIS FOR TREATMENT OF PRESBYOPIA

AND OTHER EYE DISORDERS

Group No.

3738

Examiner

David H. Willse

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

### **CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

The undersigned hereby certifies that the following documents:

- 1. Postcard receipt;
- 2. Information Disclosure Statement;
- 3. Form PTO/SB/08B;
- 4. One (1) reference;
- 5. Fee Transmittal for FY 2005; and
- 6. Check in the amount of \$180.00

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria,

VA 22313-1450, on August 24, 2005.

Data.

HILLET 24, 2005

Mailer

Date: Ung. 24,20

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Reduction	n Act of 1995	no persons are requ	ired to re	espond to a collection	n of infor	mation unless it	displays a va	alid OMB contro	ol number
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Fees pursuant to the Consolidat	Application Nur	nber	09/589,626						
│ FEE TRANSMITTAL │				Filing Date		June 7, 2000			
For	First Named Inv	ventor	Ronald A. Schachar						
Applicant claims small e	ntity status	See 37 CFR 1.2	7	Examiner Name	e	David H. Willse			
				Art Unit		3738			
TOTAL AMOUNT OF PAYM	ENT (\$)	180.00		Attorney Docke	t No.	PRES06-0	0147		
METHOD OF PAYMENT	(check all	that apply)							
X Check Credit Ca	X Check Credit Card Money Order None Other (please identify):								
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FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND I FILING I			OU EEE	EVAN	AINIATION E	EEC		
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Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$</u>	) <u>Fee (\$)</u>	<u>Fee</u>	(\$) Fee (\$	)	Fees Paid (	<u>\$)</u>
Utility 	300	150	500	250	200	100	_		
Design	200	100	100	50	130	65	-		_
Plant	200	100	300	150	160	80	_		
Reissue	300	150	500	250	600	300	_		_
Provisional	200	100	0	0	0	0	_		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
Multiple dependent claims			•			_	_		180
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- 3 or HP = HP = highest number of independent	dent claims (	_ X = and for, if greater that	= n 3						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other: Information Disc	losure Sta	atement			<del>.</del>			\$180.00	
UBMITTED BY									

Registration No. (Attorney/Agent) 39,308 Signature Telephone 972-628-3600 Name (Print/Type) William A. Munck Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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In re application of

Ronald A. Schachar

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**PATENT** 

AND OTHER EYE DISORDERS

Art Unit

3738

Examiner

David H. Willse

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

### INFORMATION DISCLOSURE STATEMENT

Pursuant to the duty of disclosure under 37 C.F.R. § 1.56, Applicant submits this statement. This submittal is made in accordance with 37 C.F.R. §§ 1.97 and 1.98 and § 609 of the Manual of Patent Examining Procedure. The publication herein is listed below and on the attached Form PTO/SB/08B. A copy of the publication is submitted herewith.

# **Publication**

Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.

08/31/2005 EHAILE1 00000019 09589626

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**DOCKET NO.: PRES06-00147 APPLICATION NO.: 09/589,626** 

PATENT

Applicant hereby expressly reserves the right to swear behind the effective dates of any of the above Patents and to question the relevance and materiality of the Patents and Publications listed herein, in whole, in part, or in combination, subsequent to filing this Information Disclosure Statement.

This Information Disclosure Statement is being transmitted after the mailing date of the first Office Action on the merits. Therefore, Applicant encloses a check in the amount of \$180.00 for the Information Disclosure Statement filing fee.

Respectfully submitted,

Registration No. 39,308

DAVIS MUNCK, P.C.

Date: (14,2005)

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PTO/SB/08B (08-03) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO				Complete if Known		
Gustina				Application Number	09/589,626	
INFORMATION DISCLOSURE				Filing Date	June 7, 2000	
(Use as many sheets as necessary)			PPLICANT	First Named Inventor Ronald A. Schachar		
			acassary)	Art Unit 3738		
			ecessaly)	Examiner Name	David H. Willse	
Sheet	1	of	1	Attorney Docket Number	PRES06-00147	

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>			
	AA	Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.				
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Examiner	 Date	
Signature	Considered	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation it not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.